MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		3				
6		3				
7		3				
8		4				
9		3				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
16		1				
17		1				
18		1				
19		2				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51			1				
52			1				
53			1				
54			1				
55			1				
56			1				
57			1				
58			1				
59			1				
60			1				
61			1				
62			1				
63			1				
64			1				
65			1				
66			1				
67			1				
68			1				
69			1				
70			1				
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87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	4						
TOTAL DEP.	81						
TOTAL CLAIMS	85						